



PATENT
Attorney Docket No. 81754.0110
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Takayoshi OBINATA

Serial No: 10/801,107

Filed: March 15, 2004

For: Semiconductor Wafer, Semiconductor
Device and Method for Manufacturing
Same, Circuit Board, and Electronic
Apparatus

Art Unit: 2822

Examiner: GRAYBILL, David E.

I hereby certify that this correspondence is
being deposited with the United States Postal
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Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

December 19, 2005

Date of Deposit

Rhonda Hurt

Name

Rhonda Hurt

Signature

12/19/2005

Date

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement dated November 28, 2005,
Applicant elects for prosecution the claims of Group I, claims 1-17, drawn to a
product, without traverse.

If there are any fees due in connection with the filing of this response, please
charge the fees to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON, L.L.P.

Date: December 19, 2005

By: *[Signature]*

Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

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Los Angeles, California 90071
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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Response to Restriction Requirement.
☒ Return postcard.
☒ No additional fee is required.

The fee has been calculated as shown below:

THE FEE HAS BEEN CALCULATED AS SHOWN BELOW:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	23	-	23	**	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3	***	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$____ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$____ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: December 19, 2005

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By:
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